RULE 63 (37 C.F.R. 1.63) INVENTORS DECLARATION FOR PATENT APPLICATION IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if only on name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ISO	LATED HUMAN KINASE	PROTEINS, NUCLE	IC ACID MO	LECULES EN	CODING HUMAN	KINASE PROTEIN	IS, AND USES THEREOF
the spe	cification of which (chec	k applicable box(s)):				TOTAL TROTEI	IO, AND GOLS TIEREOF
	s attached hereto				•		
		rch 27, 2001		as U.S. Appli	cation Serial No.	To Be Assigned	. (Dkt. No. CL001183)
U v	vas filed as PCT Internati	ional application No.	 			on	
and (ir	applicable to U.S. or PCT	application) was ame	ended on				
37 C.F.I below a priority i Priority	nent referred to above. I R. 1.56. I hereby claim fo	acknowledge the dut preign priority benefits elow any foreign appli	y to disclose s under 35 U. ication for pat	information wh S.C. 119/365 o tent or inventor	nich is material to of any foreign app 's certificate havir	the patentability of lication(s) for pater	ims, as amended by any this application in accordance with it or inventor's certificate listed are that of the application on which Day/Month/Year Fil d
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I hereby Applica	claim the benefit under 3 ti n Number	35 U.S.C. §119(e) of a	any United St Da	tates provision te/Month/Year	al application(s) li r Filed	sted below.	
subject r U.S.C. 1	natter of each of the clair	ms of this application ity to disclose materia	is not disclos al information	sed in such prid as defined in 3	or applications in t	he manner provide	above or below and, insofar as the d by the first paragraph of 35 een the filing date of the prior
Prior U.	S./PCT Application(s):						Status: patent d
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ne true; a imprison application of the control of t	and further that these stament, or both, under Secon or any patent issued to C2-4#20, Rockville, Mattorneys thereof (of the in the Patent and Traderer, Reg. # 43,093; Justin y attorney names/number, attorney, firm, or other of Inventor's Signature: Inventor. Residence: (city)	tements were made value of the tements were made value of 1001 of Title 18 conereon. And on beha aryland 20850, telephark Office connected D. Karjala, Reg. 43, 7 are no longer with the organization sending in Weiniu (first) Gaithersburg	with the know of the United if of the owne hone numbe dually and co d therewith a 704; Lin Sun- company an instructions to	ledge that willf States Code arer(s) hereof, I here	ul false statement nd that such willfu lereby appoint CE 167 (to whom all er's/owners' attorn ulting patent: Rol #47,983. I also a ly solely on instruct NOMICS CORPO (I	is and the like so many statements of the statement o	GENOMICS CORPORATION to nunicated from the person.
	Post Office Address:	18379 Lost Knife C	ircle #201, G	aithersburg, M			
	(Zip Code)	20886		——————————————————————————————————————			
2.	Inventor's Signature:) Cm		1		Date:	3/27/01
	involuti.	(first)		Mi		τ⊑ ast)	US (citizenship)
	Residence: (city)	Boyds		****	(state/country)	MD, US	(ouronamp)
	Post Office Address:	18106 Black Gold V	Vay, Boyds, I	MD, US			
	(Zip Code)	20841					

(Domestic Non-Assigned/Foreign) Serial No. To Be Assigned Date: 3. Inventor's Signature: DI FRANCESCO Inventor: Valentina (citizenship) MI (last) (first) (state/country) MD, US Residence: (city) Rockville 519 Bradford Drive, Rockville, MD, US Post Office Address: 20850 (Zip Code) Date: Inventor's Signature: US BEASLEY ΛΓ. MI Ellen Inventor: (citizenship) (last) (first) (state/country) MD, US Residence: (city) Darnestown 519 Bradford Drive, Darnestown, MD, US Post Office Address: 20850 (Zip Code) Date: 5. Inventor's Signature: Inventor: (citizenship) MI (last) (first) (state/country) Residence: (city) Post Office Address: (Zip Code) Date: 6. Inventor's Signature: inventor: (citizenship) MI (last) (first) (state/country) Residence: (city) Post Office Address:

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(Zip Code)

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